

EXHIBIT 7

Deposition Excerpts of Darla Welker

Holliman, Michelle v. We Are Sharing Hope SC, et al

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STATE OF SOUTH CAROLINA COURT OF COMMON PLEAS
COUNTY OF CHARLESTON 9TH JUDICIAL CIRCUIT
MICHELLE CHA HOLLIMAN, individually and as personal
representative of the Estate of Allen B. Holliman,

Plaintiff,

vs. CASE NO. 2020-CP-10-2902

WE ARE SHARING HOPE SC, MEDICAL UNIVERSITY OF SOUTH
CAROLINA, and UNITED NETWORK FOR ORGAN SHARING,
Defendants.

VIDEOCONFERENCE

DEPOSITION OF: DARLA A. WELKER

DATE: December 14, 2020

TIME: 10:04 a.m.

LOCATION: Mount Pleasant, South Carolina

TAKEN BY: Counsel for the Plaintiff

REPORTED BY: MARIE H. BRUEGGER, RPR, CRR
(Appearing Via VTC)

1 that the donor received blood transfusions,
2 correct?

3 MS. CRAIG: Same objection.

4 THE WITNESS: Any coordinator that was
5 on site to review the case, yes, would have known
6 that, should have known that.

7 BY MS. DINKINS:

8 Q Were there any other coordinators on
9 site for this donor who should have known that?

10 A There were. There had to have been
11 other coordinators. I don't recall who was on the
12 case from the start before Michael.

13 Q Were you responsible for approving the
14 blood type reported for this donor?

15 A Yes.

16 Q And so did you approve reporting this
17 donor as having blood type O?

18 A I did.

19 Q How did you communicate your approval
20 of this donor's blood type?

21 A How did we verify? Is that the
22 question?

23 Q Well, my first question was a little
24 more technical. How did you communicate it? So
25 did you do this over writing? Over the phone?

1 and --

2 Q And what -- excuse me.

3 A And hemodiluted is clotted, so it
4 could be a bad sample that was drawn. I didn't
5 know at the time.

6 Q Did you look into why the VRL results
7 were indeterminate?

8 A No, not after we found --

9 Q Why not?

10 A Not after we found two samples that
11 were both resulted as an O from the hospital.

12 Q Do you think you should have looked
13 into why the VRL results came back indeterminate?

14 MS. CRAIG: Objection.

15 THE WITNESS: Perhaps in hindsight,
16 yes.

17 BY MS. DINKINS:

18 Q What can cause blood samples to be
19 hemodiluted?

20 A Depends on -- if the patient is
21 coagulopathic at the time, the sample can clot.

22 Q What does that mean, to be
23 coagulopathic?

24 A That means the patient is clotting too
25 fast. Their blood is clotting fast.

1 an active case, so then the medical director
2 should be reviewing that record if it's an active
3 donor.

4 Q So would they review the records from
5 the donor's last hospital stay?

6 A If there is concern for anything, yes,
7 they would.

8 Q But would they -- what about if
9 there's not particular concern, would the records
10 from the last hospital stay be reviewed by the
11 medical director?

12 A Are you meaning a previous stay to
13 that admission?

14 Q I'm meaning from the donor's last
15 hospital stay.

16 A So you're meaning the current stay
17 that they're at, the reason they're at the
18 hospital?

19 Q That's right.

20 A Okay. So yes, yes, they should be
21 reviewing that, yes.

22 Q And does the medical director review
23 all of the lab results for a donor?

24 A I mean, that's their role. I can't
25 speak 100 percent, but generally, yes.

1 A Yes.

2 Q So do you believe in this case that
3 the CDC would have spoken with the blood bank and
4 reviewed the donor's records to determine whether
5 the sample was collected posttransfusion?

6 MS. CRAIG: Objection. Speculation.

7 THE WITNESS: I don't know. I was --
8 I would -- you would have to ask that particular
9 person. I don't know.

10 BY MS. DINKINS:

11 Q But is that what you would typically
12 expect to happen?

13 MS. CRAIG: Objection.

14 THE WITNESS: Normal practice.

15 BY MS. DINKINS:

16 Q Do you have any reason to believe that
17 the normal practice wasn't followed here?

18 MS. CRAIG: Same objection.

19 THE WITNESS: No, I don't.

20 BY MS. DINKINS:

21 Q What blood type does this report
22 indicate for the donor?

23 A It's indeterminate, meaning they
24 cannot determine the blood type.

25 Q And what do the comments underneath

1 the indeterminate result mean?

2 A I'm not 100 percent certain because
3 I'm not a blood specialist. I just know that it
4 means they can't determine a blood type.

5 Q Would anyone working on this donor's
6 case have known what those comments mean?

7 MS. CRAIG: Objection.

8 THE WITNESS: It would have been just
9 that we could not determine a blood type.

10 BY MS. DINKINS:

11 Q Right. You just said that you didn't
12 know what the comments underneath the
13 indeterminate result mean because you're not a
14 blood specialist. Was there anyone working on
15 this donor's case who would have fully understood
16 what these comments mean?

17 MS. CRAIG: Object to form.

18 THE WITNESS: At the time, no, just
19 that we could not determine a blood type based on
20 that sample.

21 BY MS. DINKINS:

22 Q If you'll please look at Exhibit 3,
23 which is WASH 322.

24 A 0322?

25 Q Yes.

1 that's reported on this form for ABO 1 and ABO 2
2 does not match the blood typing results from the
3 VRL reports, does it?

4 A I'm sorry. Just one second. I
5 thought I was plugged in. My iPad looks like it's
6 about to die.

7 Q No problem.

8 A So that ABO 1 and ABO 2 are the two
9 hospital ABOs, not the VRL ABOs.

10 Q Do the ABO 1 and the ABO 2 results, do
11 they match the results from the VRL reports?

12 A No.

13 MS. CRAIG: Objection.

14 THE WITNESS: That's not a report,
15 other than saying it's indeterminate. It cannot
16 be determined. So it's not a blood type reporting
17 as in a type.

18 BY MS. DINKINS:

19 Q It's just -- it's an indeterminate
20 result, correct?

21 A Correct.

22 Q And so VRL did not report the same
23 blood type as the hospital ABOs, did it?

24 A Correct.

25 (Plaintiff's Exhibit 4,